



UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA

ORDER No. \_\_\_\_\_

**TRANSCRIPT ORDER FORM**

CHAPTER 11.00

APPEAL? ☐ Yes ☐ No

APPEAL No. \_\_\_\_\_  
(if known)

(File this form on the related case docket)

Ordering Party's Name: Razmig Izakelian Attorney Bar# 292137

Law Firm: Quinn Emanuel Urquhart & Sullivan LLP

Mailing Address: 865 S. Figueroa Street, 10th Floor, Los Angeles, CA 90017

Person to Contact (If Judge-ordered: Transcriber to contact Procurement\*\*): \_\_\_\_\_

Telephone: (213) 443-3668 E-mail: razmigizakelian@quinnemanuel.com

Bankruptcy Case #: 23-10571 Adversary Proceeding #/MP #: \_\_\_\_\_

Date of Hearing (complete a SEPARATE form for EACH hearing date): 9/13/2023 Time: 1:30 p.m.

Debtor: The Litigation Practice Group P.C.

Adversary Proceeding Name: \_\_\_\_\_ vs. \_\_\_\_\_

Hearing Judge: S. Clarkson ☒ Courtroom #: SA 5C ☐

TRANSCRIBER: Ben Hyatt ☒ ALTERNATE: Briggs Reporting ☐

(Select from the Court-approved list of Transcription Service Providers. This provider will contact you regarding payment)

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| <input type="checkbox"/> Ordinary (30 days) | <input type="checkbox"/> 3 Days           | <input checked="" type="checkbox"/> Entire Hearing      |
| <input checked="" type="checkbox"/> 14 Days | <input type="checkbox"/> Daily (24 hours) | <input type="checkbox"/> Ruling/Opinion of Judge only   |
| <input type="checkbox"/> 7 Days             |   | <input type="checkbox"/> Testimony of Witness _____     |
|   |   | <input type="checkbox"/> Other* _____ (name of witness) |

\*Special Instructions: \_\_\_\_\_

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**TO BE COMPLETED BY THE COURT**

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(Tape #: \_\_\_\_\_) Time Start (Index #): \_\_\_\_\_ Time End (Index #): \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

(Tape #: \_\_\_\_\_) Time Start (Index #): \_\_\_\_\_ Time End (Index #): \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Court Recorder: \_\_\_\_\_ Division: \_\_\_\_\_ Processed by: \_\_\_\_\_

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Rev. November 2018. This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.